

# MEDICAL NEWS

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## Merging current field medicine and technology

By Petty Officer 3rd Class Harley Sarmiento  
USNS MERCY (T-AH 19)

PACIFIC OCEAN – If you see a doctor at a hospital at home, medical records and documentation are an expectation, so why wouldn't you expect the same from a world-class hospital ship like Military Sealift Command (MSC) hospital ship USNS Mercy (T-AH 19)?

When conducting Humanitarian Assistance and Disaster Relief (HA/DR), patients in other countries or our own service members in the field weren't always granted the opportunity to walk away with documentation, but digital pens are changing that.

"The digital pens are a patient data collection system for field or remote location medicine," said Jackie Shorrock, a member of the digital pen training team embarked on Mercy for Mercy Exercise (MERCX) 19-4. "Mercy was the first ship to pilot and utilize the pens around 2015, and we are here to train new Sailors, Soldiers, and Airmen who would use these in a disaster situation."

The digital pens are used across both of the MSC hospital ships, Mercy and USNS Comfort (T-AH 20), and the Expeditionary Fast Transport platforms that deploy to aid the hospital ships.

The goal of the digital pen is to keep track of what the provider, nurse, or corpsman did while caring for the patient. This then would provide the patient seen in the foreign country or field to walk away from the medical care site with a record of care so they can continue care with a provider in their home country or once they come back to their home station.

"Not only does this system benefit the patient, it also benefits the ship," said Shorrock. "We can order supplies for missions with the research collected from the pen. With the help of Naval Health Research Center, the ship can properly plan and execute the next mission and maintain a stock on the medicines and supply we may need, just by looking back at the digital records stored from the pen, the last time you were in that area of operation."

The digital pen combines current technology and field medicine in a simple and effective way. The use of the digital pen doesn't take a huge learning curve. Training people on short readiness missions like MERCX makes the system more effective in a moments call.

"This was a refresher training for me since I used the digital pens on Pacific Partnership 2018 with the Mercy," said Hospital Corpsman

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(Photo By Capt. Joe Legros)

Staff Sgt. Alejandro Villareal of Detachment 1, Company C, 3-238th General Support Aviation Battalion based in Grand Ledge, Mich. poses in front of a MEDEVAC helicopter on September 26, 2019.

## Family and food are the best medicine: Highlighting a Michigan Guardsman's Hispanic heritage

By Capt. Joe Legros  
Michigan National Guard

"I still feel like my family's cooking is the best."

"I've been to many countries all over the world," said Staff Sgt. Alejandro Villareal of Detachment 1, Company C, 3-238th General Support Aviation Battalion based in Grand Ledge, Mich. "I like fish and chips in London and I love the seafood in Venice, Italy. But my family's cooking can't be beat."

Along with being a critical care flight paramedic and serving as his unit's full-time supply noncommissioned officer, Villareal is also a Hispanic American.

Since 1968, the United States has observed National Hispanic Heritage Month from Sept. 15 to Oct. 15 to celebrate the many contributions and rich culture of American citizens with Latin American ancestry. This

month, the Michigan National Guard is highlighting the service of one of its own: Alejandro "Ricci" Villareal.

"I grew up in Muskegon," said Villareal, who has five brothers and a sister. "We had my grandmother's house just a couple miles down the street and that's where we would meet on the weekends. Whenever we met, we usually ate together."

While the family has ties to San Antonio, Texas, the Villareals originally migrated from Nuevo Leon and Tamaulipas, Mexico several generations ago. The close-knit family also shares a proud military heritage dating back to the 1940s.

"My dad was in the Marines before I was born, serving in 1969 and 1970," shared Villareal. "I had a brother and an uncle who both served in the Navy. My uncle

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## • Heritage (Continued from front page)

deployed to Vietnam.”

“My great-uncle was also present during D-Day in WWII,” added Villareal. “As a private, he stormed the beaches and my family recently found out that a street in France has been named ‘Villarreal’ in his honor. Back then, we still had the double ‘r’ in our last name.”

This latest generation’s Villareal is deploying in the fall to the Middle East where C-238th will support other units through medevac operations. As a 68W, or health care professional, Villareal holds an additional skill identifier called an “F2,” which means that he graduated from the Army’s paramedic and critical care program.

This competitive program lasts the better part of a year as students complete

courses at Fort Sam Houston in San Antonio, Texas, then at Fort Rucker, Ala.

“My favorite memory of serving in the Michigan National Guard is the critical care flight paramedic program,” shared Villareal. “My unit sent me to the University of Texas-San Antonio where I trained at a level-one trauma center and did ride-alongs with their fire department.”

“In coming back to Michigan and working with a medevac unit, my first drill weekend we did patient transfers and treated them in the back of a Blackhawk helicopter,” he added. “It was awesome to be able to utilize the skills I had just learned while in Texas.”

Since the training was in San Antonio, Villareal had opportunity to spend a little time with extended family he had not seen in years.

“I come from a big family,” said Villareal. “Aside from my brothers and sister, I also have ten aunts and uncles with dozens of cousins. Even if I haven’t seen them for a while, we can get together like in San Antonio, share some food and it’s like no time has passed.”

“It’s just a really comfortable feeling.” When asked his thoughts on Hispanic Heritage Month, Villareal shared, “I think it’s exciting when people want to learn about your heritage. It kind of sparks that interest where you have to really think about what your heritage is and what sets you apart from other people.”

“My family is really proud of our name and our heritage,” added Villareal. “When I’ve traveled and met new members of the family, they’re always very welcoming and we’re really proud to be related to each other.”

He has had a similar experience within his new family, the Michigan National Guard.

“I’ve been really fortunate to be part of some great units,” said Villareal of his ten-year military career. “I’ve always felt really welcomed wherever I went, whether it’s when I’ve gone to a military school or to a new unit.”

When he first joined the military, he

## • Merging

(Continued from front page)

3rd Class Catherine Rodenhaver, a patient administration corpsman. “The system is very simple to learn and super effective when used in the field. It made tracking patient information much easier for our department and kept us on top of everything on the medical sites.”

Mercy is currently operating off the coast of San Diego for MERCEX 19-4. Mercy is one of two hospital ships owned and operated by Military Sealift Command. Mercy conducts operations in the Pacific area of responsibility under the guidance of U.S. Pacific Command and Commander Pacific Fleet.



(Photo By Capt. Joe Legros)

*Michigan National Guard Staff Sgt. Alejandro Villareal of Detachment 1, Company C, 3-238th General Support Aviation Battalion based in Grand Ledge, Mich. poses inside his unit’s hangar September 26, 2019.*

was not sure which branch to enter, but he knew he wanted to be a medic. He chose the Michigan National Guard because it provided a better chance to balance civilian and military life, as well as for the educational opportunities.

Not surprisingly, his inspiration was also family related.

“I’ve had several close family members who have passed away, some right in front of me,” shared Villareal. “That was a big reason why I wanted to be a medic. I’ve seen a lot of things happen, especially when I was younger, and I didn’t want to be put in a situation where I didn’t know what to do.”

“Now I really appreciate the fact that I have this training and these skills so I can help people out if something like that happens.”

One of the family members who passed away was his own father, with whom Villareal shared a very close relationship. His father, also named Alejandro, worked at Alcoa building airplanes. Villareal has fond memories of spending time with his father, talking frequently about cooking, sampling food together and trying new recipes.

“Now I’m able to look at the bright side of it. He was sick and suffering. But I was really fortunate to have spent so much time with him,” shared Villareal. “He saw me grow up, finish school, join the military and get promoted to an NCO. So I look at all the great memories we have.”

“I was really fortunate to have him around for as long as I did.”

Villareal’s goals for the future include additional education in medicine. He

already has an associate degree and was just accepted into the University of Michigan-Flint where he seeks a bachelor’s degree in applied science. He also plans to apply for the Army’s Interservice Physician’s Assistant Program.

The IPAP is highly selective and would offer Villareal a commission as a 1st Lieutenant in the Army Medical Specialist Corps. The program would take him back to San Antonio for training, a place where he would likely find some welcoming family members.

When it comes to education, just like Sunday dinner with his family, he eats it up.

“I feel like I learn more from traveling than I did from reading books in school,” clarified Villareal. “One of my favorite trips was to Washington, D.C. and seeing the Smithsonian and Air and Space Museum, as well as the Holocaust Museum.”

“Most of my favorite trips involve museums.”

Speaking of trips, Villareal looks forward to his upcoming deployment. It should provide some hands-on experience and opportunity for practical application.

“I don’t think that any medic ever wants to see anybody get hurt,” shared Villareal. “But I think that most of us are happy we have the skills. We hope that we are around if something does happen.”

“We want to give somebody the best chance of surviving.”

Whether family member or service member, Villareal is ready to respond.

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# 32nd Hospital Center validates operations during training

By Patricia Dubiel

Fort Polk Public Affairs Office

Military doctrine supports a health services system called the “four roles of care” to triage, treat, evacuate and return casualties to duty in a time-effective manner. Each role denotes a more expanded capability than the previous one, according to Joint Publication 4-02, Joint Health Services. These roles include:

- Role 1 — First-responder, unit-level care. This level covers self-aid, buddy aid, combat lifesavers and combat medics.

- Role 2 — Trauma management and emergency medical treatment. This includes limited x-ray capability, laboratory, dental support, combat and operational stress control, veterinary medicine and resuscitative surgical support.

- Role 3 — Theater hospital. These are staffed and equipped to provide care to all categories of patients, including military working animals and local nationals (depending on the current rules of engagement), resuscitation, initial wound surgery, specialty surgery (ears-nose-throat, thoracic, urogenital, orthopedic, neurosurgical and general) and post-operation treatment.

- Role 4— Definitive care. These are U.S.-based hospitals and robust overseas medical treatment facilities.

For the first time in nearly 20 years, a Role 3 hospital set up shop at the Joint Readiness Training Center in preparation for an upcoming training event at the National Training Center at Fort Irwin, California. The unit running the hospital: Fort Polk’s own 32nd Hospital Center.

Lt. Col. Jason Marquart, commander of the 115th Field Hospital, 32nd HC, said the field exercise was an opportunity for the unit to validate its operational planning following the force design update that took place in March — the update converted all combat support hospital units into deployable units to enhance combatant commander flexibility and deliver optimal health service support to the operational force.

“With a conversion, you always have to validate that the unit is able to perform the mission in any environment. Within six months of the conversion we have validated to be an operational unit ready for deployment world wide,” said Marquart.

“The validation (at JRTC) was for the 32nd Hospital Center, the 115th Field Hospital and the 190th Medical Detachment (Intermediate Care Ward). This validation shows we are an operational unit by doctrine. We have the equipment and the knowledge to execute a real-world mission, be it humanitarian or combat.”

Marquart said the unit was evaluated by its higher headquarters, the 1st

Medical Brigade, and the JRTC ahead of their Fort Irwin rotation.

“We will go to NTC next month for a rotation, and are the first Role 3 (unit) to go there in a long time,” he said.

“We will be combining with a brigade-level fight, which is unusual because we are usually a corps-level asset. This is a new training modality to ensure the brigade and the operational support understands how the Role 3 would work into the plan. This offers a combined training affect.”

The 32nd HC will support the 3rd Armored Cavalry Regiment during the NTC rotation.

The 32nd relied on JRTC support to provide convoy and security operations.

“We are not a self-mover and JRTC has provided us prime mover and base defense assets. With all those people helping us, it has allowed us to focus on our mission,” said Marquart. “Including movement and internalization, we were fully operational in 72 hours. The Soldiers did an excellent job.”

The unit tested its operational plans for patient care and cohesion with higher headquarters.

“We had an operational cell tracking the battle so we could see when patient flow was most likely to occur, and we are supporting the warfighter by doing that,” Marquart said. “We also have a clinical aspect that is receiving and stabilizing patients, and preparing them for movement to the next role (Role 4) if required.”

Soldiers with artificial wounds played the role of injured patients, and simulation mannequins were used for high-risk or invasive medical modalities.

“We are a full hospital and we train to the highest fidelity possible,” said Marquart. “Our preparation at JRTC has prepared us for future success, both at NTC and real world missions.”

Command Sgt. Maj. Dolores Kiyoshi, 32nd HC command sergeant major, said the Soldiers in the unit did well during the exercise.

“The unit is motivated,” she said. “This is what they look forward to. They want to provide world class medical care and this (exercise) was their opportunity to do that.”

The 32nd HC Role 3 hospital set up included:

- 92 patient beds total, distributed into one intensive care unit and four intermediate care wards
- Surgical suites with sterilization facility
- Radiology department
- Pharmacy
- Full lab and blood bank
- Medical maintenance/mechanic area
- Five 100K generators
- Staff support assets (chow, showers, sleeping area)



(Photos By Patricia Dubiel)

*A medical team removes a patient from a helicopter as part of the validation exercise for the 32nd Hospital Center at the JRTC.*



*A Soldier patient is moved to emplace an x-ray panel under his back during the 32nd Hospital Center’s validation exercise held at JRTC Sept. 13-18.*



# Comfort begins medical services in Grenada

By Petty Officer 2nd Class Bobby Siens  
U.S. Naval Forces Southern  
Command / U.S. 4th Fleet

ST. GEORGE'S, Grenada – Senior leadership from the hospital ship USNS Comfort (T-AH 20) alongside partner and host nation representatives attended an opening ceremony to mark the beginning of the ship's seventh medical mission stop in St. George's, Grenada, Sept. 15.

While in St. George's, U.S. service members and medical professionals will work alongside partner and host nations to provide medical assistance in communities with urgent health care needs and demonstrate the commitment to strengthen regional medical capacity.

"It is truly a pleasure and honor to be here to welcome the United States ship Comfort to Grenada," said Linda Tagliatalata, U.S. ambassador to Barbados and the Eastern Caribbean. "Here after six stops in South and Central America and the Caribbean, the ship's presence in Grenada reflects the strength of our bilateral relationship and our commitment to Grenada and the region."

Comfort's team consists of more than 900 personnel, including medical specialists from the military, non-

governmental organization volunteers and personnel from partner nations.

"I believe this a very significant event here today, because this is a symbol of the strong relationship between the United States and Grenada," said Keith Mitchell, prime minister of Grenada. "Healthcare touches every single human being, and anything that is done to improve healthcare to citizens of any country has lasting impact. The impact of this initiative is clearly something all Grenadians will feel for a long time."

This marks the first Comfort visit to Grenada and the seventh to the region since 2007. The embarked medical teams will provide care aboard Comfort and at two land-based medical sites.

This mission stop is part of the U.S. Southern Command's Enduring Promise initiative and reflects the United States' ongoing commitment to friendship, partnership, and solidarity with partner nations in the Caribbean, Central America and South America.

For more information, visit [www.facebook.com/NAVSOU4THFLT](http://www.facebook.com/NAVSOU4THFLT), [www.dvidshub.net/feature/comfort2019](http://www.dvidshub.net/feature/comfort2019), and [www.navy.mil](http://www.navy.mil).

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(U.S. Army photo by Spc. Jacob Gleich)

From the left, U.S. Navy Capt. Brian Diebold, commander, Task Force 49; Prime Minister of Grenada Keith Mitchell; Dr. Lawrence Albert Joseph, acting governor-general of Grenada; U.S. Ambassador to Barbados and the Eastern Caribbean Linda Tagliatalata; and Capt. Patrick Amersbach, commanding officer, Military Treatment Facility aboard the hospital ship USNS Comfort (T-AH 20); cut a ribbon to mark the start of a five-day medical mission in St. George's, Grenada, Sept. 15, 2019. Comfort is working with health and government partners in Central America, South America and the Caribbean to provide care on the ship and at land-based medical sites, helping to relieve pressure on national healthcare systems, including those strained by an increase in cross-border migrants.



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# Medic Rodeo: 103rd Medics build teamwork, receive new Air Force training

By Staff Sgt. Steven Tucker  
103rd Airlift Wing, Public Affairs,  
Bradley Air National Guard Base

EAST GRANBY, Conn. – A team of Airmen from the 103rd Medical Group joined 18 other Air Force medical teams from around the world for the 12th annual Medic Rodeo at Cannon Air Force Base and Melrose Air Force Range, N.M. Sept. 17-20, 2019.

The rodeo, hosted by the 27th Special Operations Medical Group, is a competition scored using the aerospace medical technician protocol skills sheet. Teams responded to simulated combat, home-station emergency scenarios and received the Air Force's new Tactical Combat Casualty Care training.

"The training is a new replacement for the current Self Aid Buddy Care, and we'll all be transitioning to it very soon," said Senior Master Sgt. Michael Machost, 103rd Medical Group aerospace medical technician functional manager. "As for our team, it was our first exposure to the training."

The event was also a valuable learning opportunity for Airman 1st Class Andrew Batchelor, one of the group's newest aerospace medical technicians.

"Being fresh out of school, it was very beneficial to get this hands on experience," said Batchelor. "It's different than what we typically do here on a regular basis, but it makes us better in that role because we get to look at different situations and gain new perspectives."

One of these Airmen to get a new perspective was Senior Airman Kayla Walsh, 103rd Medical Group health services technician who had no prior medic-specific experience before the rodeo.

"As a non-medic it was a great learning experience for me; before this I wouldn't

have had any idea how to handle an emergency medical situation," said Walsh. "My teammates didn't leave me out because I'm a non-medic – they included me and pushed me to do my best as part of the team. I know a lot more than I did before and I'm glad I went."

Being in this environment gives the team an opportunity to work together for the betterment of a patient and share ideas regardless of rank, said Machost.

"We respect rank, but when you're working with patients it's a team atmosphere," said Machost. "You could have a junior enlisted Airman that has better knowledge of the situation, so it's all about 'what can we do together to help this patient get better?'"

"That's what I think being in the military is all about – figuring things out and using your experience to forward the mission, and I think that's what we did," said Batchelor. "There was definitely a learning curve but with all of our different experience, we were able to bounce ideas off each other."

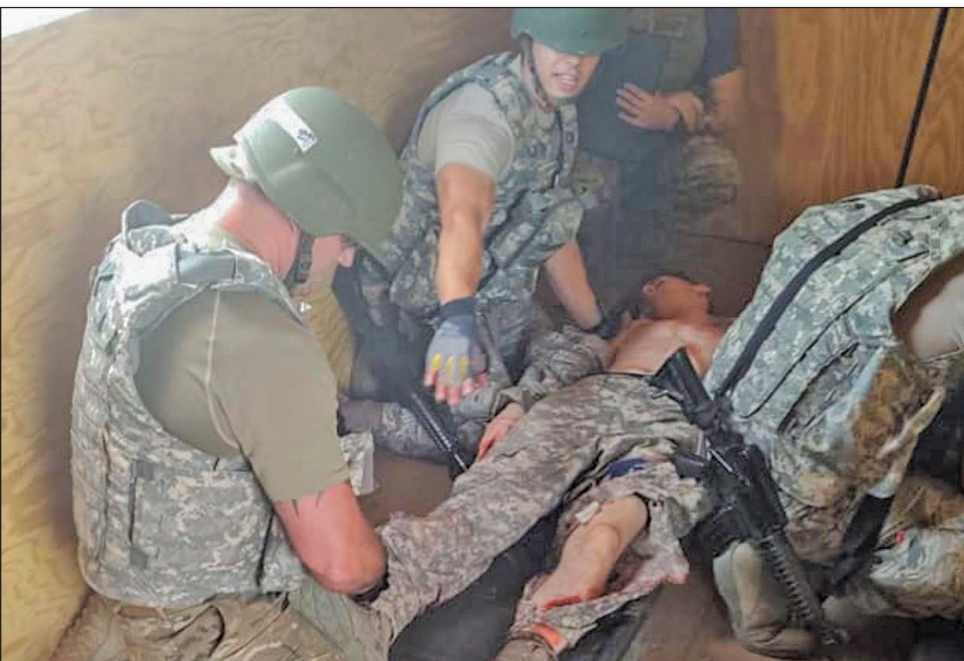
The 103rd was one of two Guard units selected to participate in the training; a team from the 143rd Medical Group of the Rhode Island Air National Guard also attended. The Flying Yankees hope to make the Medic Rodeo a regularly-attended event to continually improve the skill set of their aerospace medical technicians, said Machost.

"I'll definitely push for our medical group to sign up every year that we can get there," Machost said. "As a coach I was able to evaluate our team's performance in that moment, but also bring that experience back to make our medics better in the Connecticut Air National Guard and provide the best care possible when we get called into the community."



(Staff Sgt. Steven Tucker, U.S. Air National Guard photos)

Staff Sgt. David Weiler, Master Sgt. Darrel Hanrahan, 103rd Medical Group aerospace medical technicians, Senior Airman Kayla Walsh, 103rd Medical Group health services technician, Airman 1st Class Andrew Batchelor, 103rd Medical Group aerospace medical technician, and Senior Master Sgt. Michael Machost, 103rd Medical Group aerospace medical technician functional manager, pose for a picture at EMS day during the Medic Rodeo at Cannon Air Force Base and Melrose Air Force Range, N.M. Sept. 17-20, 2019. The event, hosted by the 27th Special Operations Medical Group, features 19 Air Force medical technician teams from around the world and trains skills in both deployed and home station scenarios.



Master Sgt. Darrel Hanrahan and Staff Sgt. David Weiler, 103rd Medical Group aerospace medical technicians, apply Tactical Combat Casualty Care to a patient after a simulated Humvee explosion.

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# Moving America's ill and injured warfighters safely, securely, and soundly

By Michael Kleiman

U.S. Transportation Command

Every day, the U.S. military conducts an average of 35 aeromedical evacuations, transporting sick and wounded active-duty service members, as well as other patients from around the world, to locales with appropriate medical treatment facilities.

Serving as the Department of Defense's single manager for global patient movement, one of its five Unified Command Plan responsibilities, U.S. Transportation Command executes this critical mission through the U.S. Air Force's aeromedical evacuation system, which provides safe, secure, and sound in-flight health care to the ill and injured transiting the skies.

"Global patient movement and warfighting readiness go hand in hand. For example, our aeromedical evacuation professionals comprehensively assist more than 500 patients with various levels of medical care per month," said U.S. Air Force Col. John Andrus, director, USTRANSCOM Command Surgeon Directorate. "Similar to a symphony orchestra that consists of numerous musicians playing in harmony to generate incredible sounds, the global patient movement process also features many moving parts, which come together in unity to enable and ensure superior in-transit medical support to America's warfighters."

The initial phase of the global patient movement process begins with a decision by the treating medical team that a patient needs to move to a higher level of care. Next, the involved senior medical authority requests patient movement through the USTRANSCOM Regulating and Command and Control Evacuation System, the DOD's automated, electronic information tool utilized by the three USTRANSCOM patient movement requirements centers. These facil-



(U.S. Air Force photo by Airman 1st Class Ryan Mancuso)

**A critical care air transport team tends to a patient during a 20-hour direct flight from Bagram Airfield, Afghanistan to San Antonio, Texas, Aug. 18, 2019. The service member was cared for by a joint service team of extracorporeal membrane oxygenation specialists, an aeromedical evacuation team as well as CCATT in order to maintain the highest level of care possible during transport.**

ities are known as TPMRC – Americas, Scott Air Force Base, Illinois; TPMRC – East, Ramstein Air Base, Germany; and TPMRC – West, Joint Base Pearl Harbor-Hickam, Hawaii.

Then, the appropriate TPMRC receives and validates the requested requirement. During the validation process, a flight surgeon determines the individual's capability to fly and if allowed to do so, ensures the availability of an attending physician and a bed at the destination. They also address flight specifics including altitude restrictions, patient positioning, and special equipment. In addition, the servicing TPMRC coordinates other support such as enroute care and ground transportation to the accepting medical treatment facility.

A standard aeromedical evacuation

flight crew consists of two flight nurses and three technicians, and for specialized in-transit support, a critical care air transport team, comprised of one physician, one intensive care unit nurse, and one specially-trained respiratory technician. The CCATT team can assist up to four patients.

"A majority of our patient movement requirements come from U.S. Central Command, U.S. European Command, U.S. Indo-Pacific Command, and U.S. Northern Command. We're responsible for management of these patients globally. On the other hand, for patients located in austere places, a contract conveyance such as International SOS, provides aeromedical evacuation support," said U.S. Air Force Lt. Col. Sean Wilkinson, chief, Global Patient Movement Integration Cell, USTRANSCOM Command Surgeon Directorate. "The TPMRC ensures the appropriate level of care is maintained throughout the global patient movement system. For example, we make sure an advanced cardiac life support ambulance is waiting at the destination for an in-transit, critical care patient."

In his position, Wilkinson, a 28-year career airman and advanced practice nurse, serves as a unifying hub in the global patient movement system, connecting information generated by the three TPMRCs and subsequently relaying the data to the USTRANSCOM director of operations and to Andrus for their decision(s). As the connector

of the system's (global patient movement) many moving parts, he likens his role to that of a conductor leading an orchestra as per Andrus' quoted example.

Wilkinson is also the lead global patient movement planner for defense support of civil authorities. Following Hurricane Dorian's devastation of the Bahamas last month, he assisted in preparing MacDill Air Force Base, Florida, and Scott Air Force Base to host aeromedical evacuation personnel, aircraft, and equipment from seven different bases readied to respond, but the call for support from U.S. Northern Command did not come.

Nevertheless, the global patient movement system continues to respond – every 90 minutes – in transporting America's ill and injured warfighters safely, securely, and soundly wherever and whenever.

"The U.S. government will spare no expense to get patients back for definitive medical care," Wilkinson stated. "The global patient movement system is not replicated anywhere else."

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# Army Best Medic Competition features military working dogs for first-time

By Amber Kurka

Public Health Command - Pacific

TRIPLER ARMY MEDICAL CENTER, Hawaii – Fifty-six of the top Army medical specialists worked to provide prolonged field care to simulated casualties during the Command Sgt. Maj. Jack L. Clark Jr. Army Best Medic Competition Sept. 25 at Joint Base Lewis-McChord, Washington.

This year's competition had several changes including the location from Camp Bullis, Texas to JBLM. Another notable change was the types of casualties; some had fur. Lying wounded on the simulated battlefield were some the Army's most courageous and loyal service members, military working dogs.

"This was the first time military working dog casualties were incorporated into the competition," said Maj. Suzanne Skerrett, Public Health Activity-Fort Lewis veterinary clinical medical officer.

Sgt. 1st Class David Jordan, Public Health Command-Pacific noncommissioned officer in charge of operations, explained that in the past, the military working dog was an overlooked warfighter.

Restructured to focus more on the changing battlefield, this year's competition emphasized the importance of agility and how medics must adapt to better support all warfighters in any combat environment.

"Medics are more likely to see an injured dog first because we have a limited number of veterinary personnel downrange. They need to be capable of treating these dogs and providing that life-saving care at point of injury," explained Skerrett.

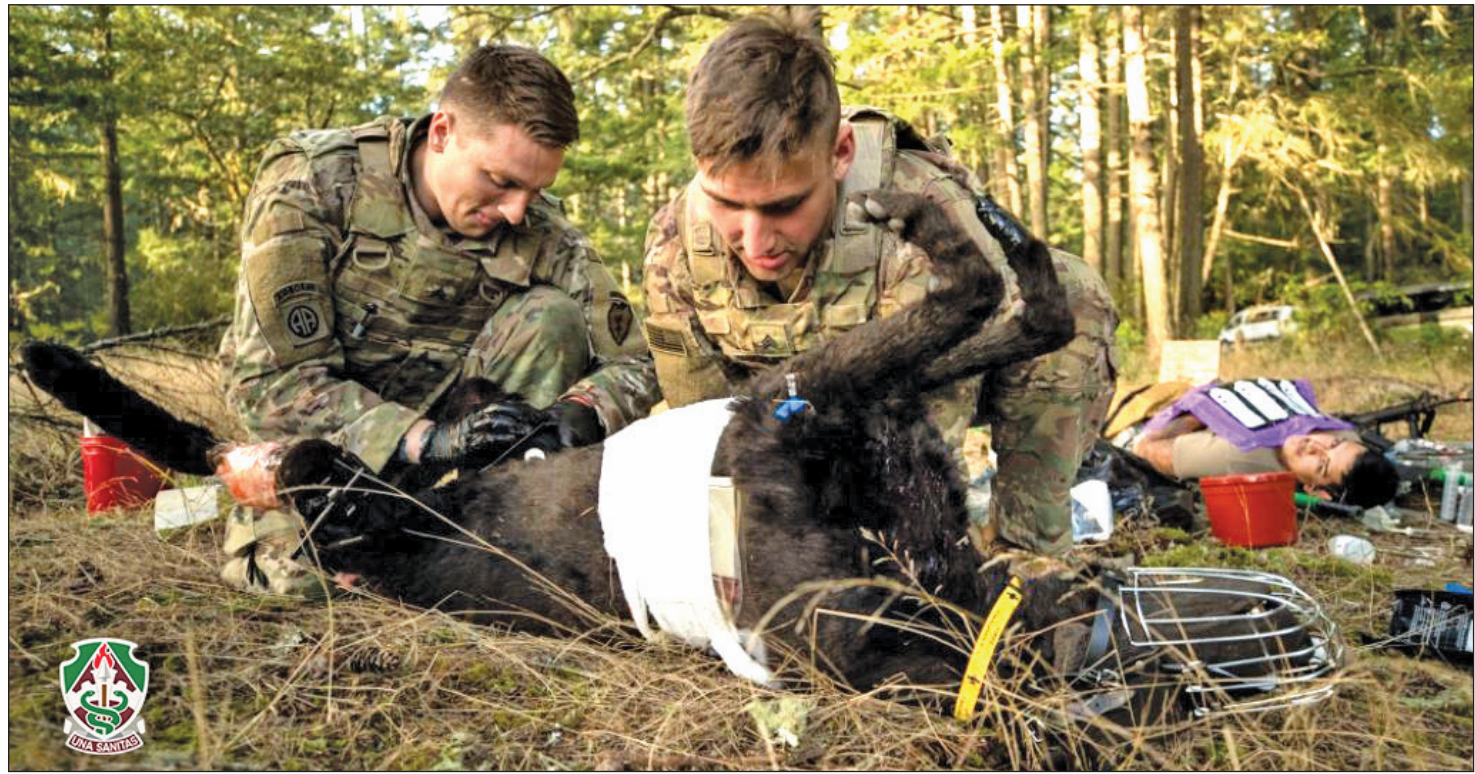
Medics had the chance to prove their military working dog life-saving skills during this year's competition.

To simulate the scenario, PHC-P provided four K9 HERO mannequins and a realistic medical emergency. PHC-P Soldiers provided medics access to realistic tools during the competition to help them assess the injured animals. Competitors performed critical life-saving tasks such as maintaining an airway, needle decompression/thoracocentesis, hemostasis, IV insertion, intraosseous infusion, CPR, tracheostomy, and bandaging.

"We coordinated with Telehealth so candidates could use the advisory line. We had veterinarian volunteers manning the phones and answering questions of the medics," said Skerrett.

For the organizers of this scenario, building a realistic experience was key.

"It is important to make sure medics and human medicine providers are aware of the basics to treat life-threatening injuries of military work-



(U.S. Army photo illustration by John Wayne Liston/Released)

(Above) Sgt. Nicholas Taussig, left, and Sgt. Michael Johnson treat a simulated military working dog casualty during the CSM Jack L. Clark Jr. Army Best Medic Competition at Joint Base Lewis-McChord, Washington, Sept. 24, 2019. Twenty-eight two-Soldier teams from all around the world traveled to Washington state to compete in the finals to be named the Army's Best Medic. The competition is a 72-hour arduous test of the teams' physical and mental skills. Competitors must be agile, adaptive leaders who demonstrate mature judgement while testing collective team skills in areas of physical fitness, tactical marksmanship, leadership, warrior skills, land navigation and overall knowledge of medical, technical and tactical proficiencies through a series of hands-on tasks in a simulated operational environment.

ing dogs," Skerrett continued.

Looking forward, PHC-P will seek to modernize how medics respond to these types of scenarios in the future.

"Cross collaboration between the medical services is key and doesn't necessarily have to be sustained on a competition," Jordan said. "It can be sustained in a normal work environment. So we want to take what we learned from the competition and bring it back to the everyday environment and reach across the aisle and grab medics to come over and train with us."

"These dogs detect explosives and have patrol capabilities that save the lives of our Soldiers," Skerrett added. "By saving one dog you can actually save multiple humans as well."



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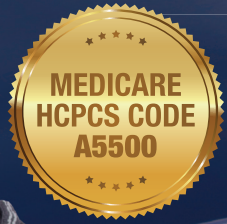




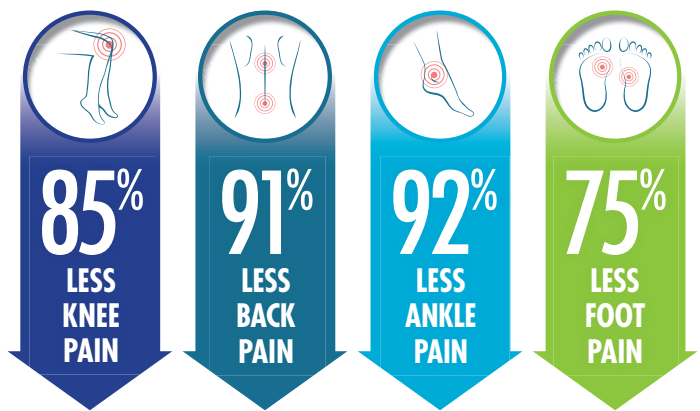


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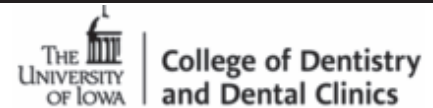
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